

# TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Complete if Known

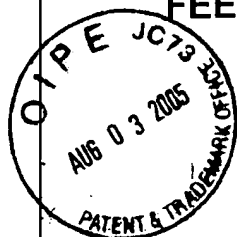
Application Number	09/147,036
Filing Date	December 15, 1998
First Named Inventor	MAURER
Examiner Name	Vanessa L. Ford
Group Art Unit	1645
Attorney Docket Number	2923-108
Total Number of Pages in This Submission	Confirmation Number 1165

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Request for Continued Examination   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948				
SIGNATURE		DATE	August 3, 2005	DEPOSIT ACCOUNT USER ID	02-2315

**FEE TRANSMITTAL**  
for FY 2005

(Small Entity)

Complete if Known

<input checked="" type="checkbox"/> Applicant claims small entity status		Application Number	09/147,036
Total Amount of Payment (\$455.00)		Filing Date	December 15, 1998
		First Named Inventor	MAURER
		Examiner Name	Vanessa L. Ford
		Group Art Unit	1645
		Attorney Docket Number	2923-108
		Confirmation Number	1165

**METHOD OF PAYMENT** (check one)

1. ☒ The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. ☐ Payment by check enclosed

**FEE CALCULATION**

## 1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	150	Utility Filing Fee	[ ]
	395	filed before Dec. 8, 2004	[ ]
1111	250	Utility Search Fee	[ ]
1311	100	Utility Examination Fee	[ ]
1002	100	Design Filing Fee	[ ]
	175	filed before Dec. 8, 2004	[ ]
1112	50	Design Search Fee	[ ]
1312	65	Design Examination Fee	[ ]
1003	100	Plant Filing Fee	[ ]
	275	filed before Dec. 8, 2004	[ ]
1113	150	Plant Search Fee	[ ]
1313	80	Plant Examination Fee	[ ]
1004	150	Reissue Filing Fee	[ ]
	395	filed before Dec. 8, 2004	[ ]
1114	250	Reissue Search Fee	[ ]
1314	300	Reissue Examination Fee	[ ]
1005	100	Provisional Filing Fee	[ ]

**SUBTOTAL** \$ 0

## 2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims [ ] - 20* = [ ] x		\$25 = [ ]	
Independent Claims [ ] - 3* = [ ] x		100 = [ ]	
Multiple Dependent Claims +		180 = [ ]	

\*or number previously paid, if greater

**SUBTOTAL** \$

## 3. APPLICATION SIZE FEE

Total Sheets [ ] - 100 = [ ]/50 = [ ]\*\* x \$125 =

\*\* Number of each additional 50 or fraction thereof

**SUBTOTAL** \$0**FEE CALCULATION** (continued)

## 4. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	65	Surcharge - late filing fee or oath	[ ]
1052	50	Surcharge - late provisional filing fee or cover sheet	[ ]
1053	130	Non-English specification	[ ]
1812	2,520	For filing a request for reexamination	[ ]
1804	920	Requesting publication of SIR prior to Examiner action	[ ]
1805	1,840	Requesting publication of SIR after Examiner action (reduced by basic filing fee paid)	[ ]
1251	60	Extension for reply within first month	[60 ]
1252	225	Extension for reply within second month	[ ]
1253	510	Extension for reply within third month	[ ]
1254	795	Extension for reply within fourth month	[ ]
1255	1,080	Extension for reply within fifth month	[ ]
1401	250	Notice of Appeal	[ ]
1402	250	Filing a brief in support of an appeal	[ ]
1403	500	Request for Oral Hearing	[ ]
1451	1,510	Petition to institute a public use proceeding	[ ]
1452	250	Petition to revive -unavoidable	[ ]
1453	750	Petition to revive - unintentional	[ ]
1807	50	Processing fee under 37 CFR 1.17(q)	[ ]
1806	180	Submission of Information Disclosure Statement	[ ]
1809	395	Filing a submission after final rejection (37 CFR 1.129(a))	[ ]
1810	395	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
1801	395	Request for Continued Examination (RCE)	[395 ]
1802	900	Request for expedited examination of a design application	[ ]
1504	300	Publication fee for early, voluntary, or normal publication	[ ]
1505	300	Publication fee for republication	[ ]
1455	200	Filing application for patent term adjustment	[ ]
1456	400	Request for reinstatement of term reduced	[ ]
1814	65	Statutory Disclaimer	[ ]
Other fee (specify)			[ ]

**SUBTOTAL** \$455.00

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER		Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE		DATE	August 3, 2005	DEPOSIT ACCOUNT USER ID	02-2135